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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-1520	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		Bridges State	
2. Name of Operator		9. Well No.	
Mobil Oil Corporation		135	
3. Address of Operator		10. Field and Pool, or Wildcat	
P. O. Box 633, Midland, Texas 79701		Undesignated	
4. Location of Well		12. County	
UNIT LETTER L LOCATED 860 FEET FROM THE West LINE		Lea	
AND 1980 FEET FROM THE South LINE OF SEC. 11 TWP. 17S RGE. 34E NMPM			
19. Proposed Depth		19A. Formation	20. Rotary or C.T.
8750		Abo	Rotary
21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
4040 G.L.	On File	Unknown	March 16, 1970

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	20#	1650	Circulate	Surface
7-7/8"	4-1/2"	9.5# & 11.6#	8750	Circulate	Tie-in w/surf. casing

Mud Program

0 - 1650 Spud Mud
1650 - T.D. Brine water, add flosal and oil as necessary to clean hole

Logging Program

IES - Bottom surface casing to T.D.
SNP GR Caliper - Bottom surface casing to T.D.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed A. D. Bond Title Proration Staff Assistant Date March 13, 1970

(This space for State Use)

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: